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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
Agenda

Date	Thursday 25 September 2025
Time	2.00 pm
Venue	Suite 222, Civic Centre, Oldham, West Street, Oldham, OL1 1NL
Notes	1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Alex Bougatef or Constitutional Services at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Constitutional Services or email constitutional.services@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Tuesday 23rd September 2025.

4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Recording and reporting the Council’s meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

Please also note the Public attendance Protocol on the Council’s Website

https://www.oldham.gov.uk/homepage/1449/attending_council_meetings

MEMBERSHIP OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
Bury: Councillors Fitzgerald and Harris. Oldham: Councillors Z Ali, Hamblett and McLaren. Rochdale: Councillors Anstee, Dale and Joinson.

Oldham Council

Item No

1 Election of Chair

The Committee is asked to elect a Chair for the 2025/26 Municipal Year.

2 Election of Vice Chair

The Committee is asked to elect a Vice Chair for the 2025/26 Municipal Year.

3 Apologies for Absence

4 Urgent Business

Urgent business, if any, to be introduced by the Chair.

5 Declarations of Interest

To receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

6 Public Question Time

To receive questions from the Public, in accordance with the Terms of Reference.

7 Minutes of the Previous Meetings (Pages 3 - 8)

To consider the minutes of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance held on the 24th April 2025 and 26th June 2025.

8 Integrated Performance Report August 2025 (Pages 9 - 26)

To note the Intergrated Performance Report.

9 Patient Experience

Report to follow.

10 Work Programme

To consider and note items for the Joint Health Overview and Scrutiny Committee for Northern Care Alliance's Work Programme for 2025/26.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
24/04/2025 at 2.00 pm

Oldham Council

Present:

Councillors: Adams (Oldham), Dale (Rochdale), Fitzgerald (Bury), Gold (Bury), Joinson (Rochdale), Lancaster (Bury), and McLaren(Oldham)

Also in Attendance:

Dr Rafik Bedair	Northern Care Alliance. (Chief Medical Officer
Christine Camacho	Northern Care Alliance. Consultant in Public Health
Tamara Zatman	Associate Director – Post Transaction Integration
Andrew Mather	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Hamblett.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting held on 27 February 2025 be approved as a correct record.

6 **INTEGRATED PERFORMANCE REPORT**

Dr Rafik Bedair, Northern Care Alliance's (NCA) Chief Medical Officer updated the Committee on the Northern Care Alliance's Integrated performance report March 2025.

In relation to People & Learning it was reported that staff turnover had reduced to 9.41%, however, an area of concern was that sickness absence increased to 6.82%, above the target of 5%. There was a focus on reducing short- and long-term absences. This included seeking to embed values and behaviours through welcome-back conversations for absent colleagues.

In relation to Elective Care and Productivity metrics it was reported that long waits had reduced, meeting the 52-week target five months early. Productivity improvements had also been seen in outpatient services. Areas of concern were Neurology and Dermatology remain RTT pressures. Theatre productivity had improved but lags behind peers. Diagnostic performance had dipped due to physiological test capacity constraints.

In relation to Urgent & Emergency Care & Cancer it was reported that cancer performance had improved and was on track against trajectory, supported by skin pathways and GM Cancer Alliance. Urgent care 4-hour performance was better than last year but was off-track due to a bed shortage. Cancer 62-day performance remains below the 78% national target

In relation to Finance the Trust had reported a break-even position against plan for the month However, the year-to-date deficit of £4.5m was £0.8m worse than planned. Pay award pressure and reduction in CIP overperformance had contributed to the adverse variance. The Trust's Chief Finance officer would attend the next meeting of the scrutiny board to provide a fuller appraisal of the Trust's financial position.

RESOLVED – That the report be noted.

7 **POPULATION AND HEALTH INEQUALITIES**

Christine Camacho, Christine Camacho gave a presentation on "Population Health and Health Inequalities (PHHI)" which outlined the organisation's approach to addressing health disparities across its service areas in Oldham, Bury, Rochdale, and Salford.

Health inequalities referred to unjust and avoidable differences in health outcomes between different population groups. These disparities were influenced by factors such as socioeconomic status, ethnicity, mental health, and living conditions.

Tackling health inequalities was a strategic priority for the NCA, embedded in its Vision 10 strategy and annual planning. The organisation has established the PHHI program to systematically address these disparities. Under the Health and Care Act 2022, NHS organisations like NCA were legally obligated to consider health inequalities in their operations.

NCA's approach included: Data & Intelligence, embedding measurement and tracking of health inequalities; Leadership, assigning executive leads and clinical consultants to drive the agenda; Capacity Building, providing health inequalities training across the organization; and Systematic Implementation, scaling up initiatives throughout NCA's operations. Significant progress had been shown progress in analysing and understanding health inequalities.

Looking Ahead the NCA planned in 2025/26 to enhance data-driven decision-making to identify and address health disparities. Strengthen partnerships with academic institutions for evaluating impact. Expand training programs to build organisational capability in addressing health inequalities. Implement widespread initiatives to reduce disparities across all service areas.

Examples were given of actions being taken to address inequalities in pregnancy care and bowel cancer screening. A discussion then took place on how local authorities could work together with and support NCA activities for example through anti-poverty strategies and work with the homeless, refugees and asylum seekers.

RESOLVED:

1. That the report be referred to individual Council's Health Scrutiny Boards for further consideration.

2. Directors of Public Health be asked to consider how we can work with the NCA to support the PHHI strategy.

3. That an update report is presented to a future meeting.

8 **DATES OF MEETINGS 2025/26 MUNICIPAL YEAR**

Noted: The following dates of meetings for the 2025/26 Municipal Year were noted.

26th June 2025
25th September 2025
18th December 2025
26th February 2026

9 **WORK PROGRAMME 2025/26 MUNICIPAL YEAR**

It was agreed that the following items be brought to the next meeting:

Performance Dashboard
Finance Report
Staffing Survey

Items for future meetings:

Patient Experience
Ambulance Service links with NCA

The meeting started at 2.30pand ended at 4.00pm.

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
26/06/2025 at 2.00 pm

Oldham Council

Present: Councillors Hamblett and McLaren (Oldham)
Councillors Dale and Joinson (Rochdale)

Also in Attendance:

Judith Adams	Chief Delivery Officer (NCA)
Jack Grennan	Constitutional Services
Gertie NicPhilib	Chief People & Strategy Officer (NCA)
Mina Patel	Director of Finance OCO & RCO (NCA)
Tamara Zatman	Associate Director – Post Transaction Integration (NCA)

1 **ELECTION OF CHAIR**

Item deferred to next meeting due to lack of quorum.

2 **ELECTION OF VICE CHAIR**

Item deferred to next meeting due to lack of quorum.

3 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Anstee (Rochdale) and Councillor Fitzgerald (Bury).

4 **URGENT BUSINESS**

Due to a lack of quorum, the meeting did not proceed formally. However, it was decided amongst the members present that the meeting would continue informally as no decisions were due to be made.

Councillor McLaren was agreed as chair for the duration of the session.

No other items of urgent business were received.

5 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

6 **PUBLIC QUESTION TIME**

There were no public questions received.

7 **MINUTES OF PREVIOUS MEETING**

This item was deferred due to the lack of quorum.

8 **PERFORMANCE DASHBOARD**

Jude Adams presented the item, noting the metrics and progress made. Areas highlighted in the report included cancer services, staff and urgent care. It was noted that wait times continued to fall, and that outpatient services showed sustained improvement.

Members noted the progress made, particularly on waiting times. Questions were asked on the elective A&P process, cancellations, bed capacity, benchmarking and treatment pressures. Members were advised that national and local problem solving practice was being looked at, particularly good practice and ways to reduce variation. It was highlighted that the two main reasons for cancellations were patients not being clinically fit for surgeries and patients not showing up, and the idea of a stand by list was suggested. It was noted that a significant issue with bed capacity was physical capacity issues, particularly regarding RAAC and a lack of space.

9 **STAFFING SURVEY**

Gertie NicPhilib presented the report on the Staff Survey. Highlights of the report included an increased response rate of 55%, improved flexible working and Next Steps. It was also noted that it was positive that there had been no material decline in figures.

Members asked questions on the Speaking Up guardians, protected characteristics and the design of the questionaire. Members were advised that the 'Freedom to Speak Up' guarantee was in place and that Speaking Up guardians were independent non-executive staff members who could raise issues if things don't feel right. It was noted that the design of the questionaire is nationally set, and that employees are free to fill in their own details, particularly around protected characteristics, as they see fit and update them accordingly.

10 **FINANCE REPORT**

Mina Patel provided an update on finance. It was noted that the NCA position is a deficit of £4.4m and that the Trust is working on its 2025/26 financial plan. Issues that were highlighted included a reduction in the use of bank and agency staff.

Members noted the report and asked questions on payments, financial governance, the deficit and how to balance budget and delivery. Members were advised that payments to agency were as a last resort, and that financial governance, especially around fraud, was audited and part of a positive process. It was noted that plans were in place to reduce the deficit by looking at how to use resources better and more productively. It was also noted that accounting for leases had changed. It was highlighted that balancing budget against service delivery was challenging, but that tracking against complaints were in place to ensure that service delivery continued.

11 **WORK PROGRAMME**

Items were considered for future meetings. Items suggested for the work programme included:
Community outreach
Growing your own – Apprenticeships and widening access
Patient and staff stories.
Patient surveys.

The meeting started at 2.00 pm and ended at 3.45 pm

Northern Care Alliance
NHS Foundation Trust

Integrated Performance Report

Published: August 2025

CARE APPRECIATE INSPIRE

Northern Care Alliance
NHS Foundation Trust

Contents

Using Statistical Process Control

Statistical Process Control (SPC) is a method for viewing data over time to highlight variation. This methodology has long been associated with Quality Improvement and enables us to understand where variation is normal and also where variation is different and requires further actions. This is known as special cause variation.

SPC Charts have upper and lower process limits. Approximately 99% of data points will fall between these two control limits. If a target is outside of the control limits, it is unlikely that it will be achieved without a change in practice.

Icons are used on our SPC charts for ease of interpretation. As well as these icons giving an indication of whether variation is normal or not, there are also icons providing an indication of assurance in terms of performance targets.

SPC charts aren't always appropriate for all metrics and where this is the case, standard run charts will be used showing trends over time, including any applicable targets.

NHS England's SPC Icons

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Understanding the rules of SPC

There are a number of rules that help us interpret SPC charts. These rules indicate something that would not happen through natural variation:

- A single data point outside of the process limit
- Consecutive data points above or below the mean
- Six consecutive points increasing or decreasing
- Two out of three points close to the process limit – an early warning

These rules indicate *special cause variation.*

CARE APPRECIATE INSPIRE

Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Gertie Nic Philib - Chief Strategy & People Officer: Drive Metrics

People & Learning

Highlights

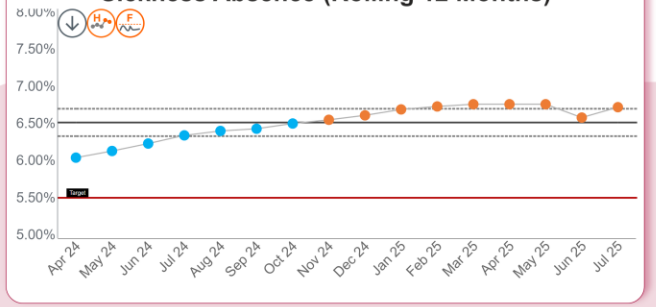
A new Training Management System has improved access and role-based training reconciliation. Recruitment is tightly managed via Vacancy Control Panels, with staffing near plan.
Staff turnover is 8.8% (target 12%) but expected to rise due to MARS.
Time to Hire remains strong, outperforming targets.

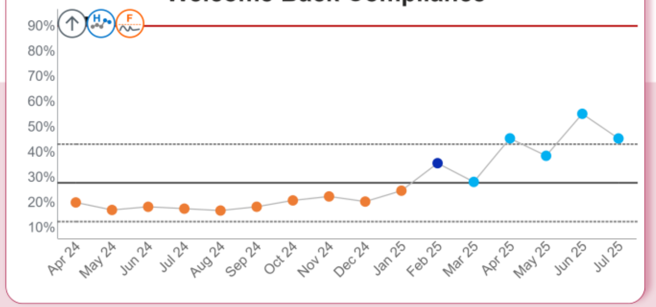
Areas of Concern

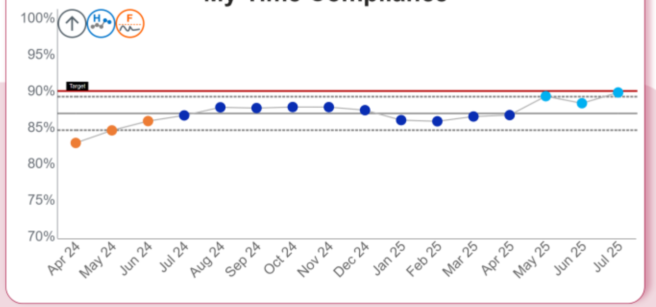
Focus is on delivering the Financial Sustainability Plan with an inclusive approach. A Task & Finish group, led by Care Org leaders, is tackling HCSW absence. Managers are supported to understand absence trends and improve conversations to reduce both short- and long-term absence.

Forward Look (with actions)

Short-term sickness remains high, nearly matching long-term levels.
Enhanced Welcome Back meetings aim to support staff returning to work.
Overpayments rose from £40k in May to £93k in June, prompting targeted action.
Each Care Organisation is developing improvement plans, with ongoing review via Performance Reviews.







Technical Analysis

Rolling 12m average in July was 6.72% with an in-month absence rate of 6.59% in July; the in-month absence has increased slightly after the recent positive improvements March to June.

Welcome Back discussions are an essential part supporting colleagues in their return to working following a period of absence or sickness.
The improvement in performance to 45% from 20% in December has seen a corresponding reduction in absence.

My Time compliance has seen continued improvements and is now only slightly below the target of 90%. This remains an area of focus in the Performance Review meetings

Actions

We continue to focus on supporting a reduction in sickness absence with: *A continued focus on all aspects of colleague wellbeing, including ensuring that leaders are supported and able to support colleagues experiencing change *Skills development for managers and support through the virtual hub.

We have now launched our new Welcome Back Health Review Guidance with a slide pack and focus on short term and long-term action plans to help support wellbeing conversations, track absences and how to record a return-to-work discussion.

Weekly appraisal compliance monitoring continues to be shared with all line manager and leaders.

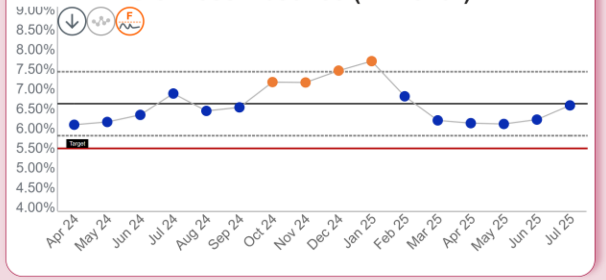
Care Organisations have developed trajectories for improvement which are monitored by SMT

Northern Care Alliance
NHS Foundation Trust

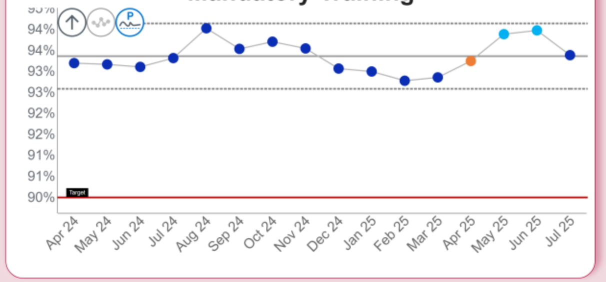
Watch Metrics

People & Learning

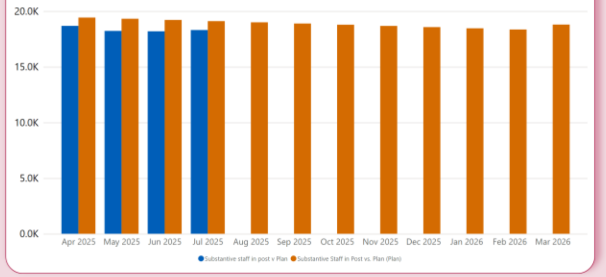
Sickness Absence (In Month)



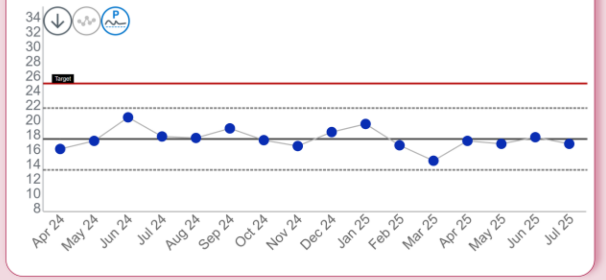
Mandatory Training



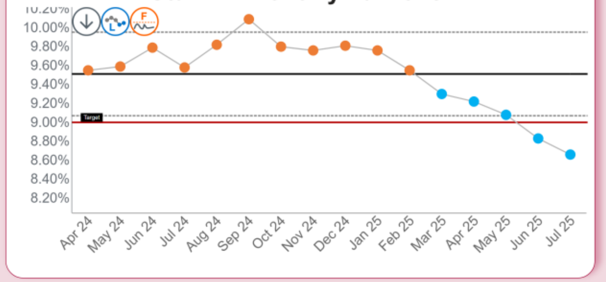
Substantive Staff In Post vs. Plan



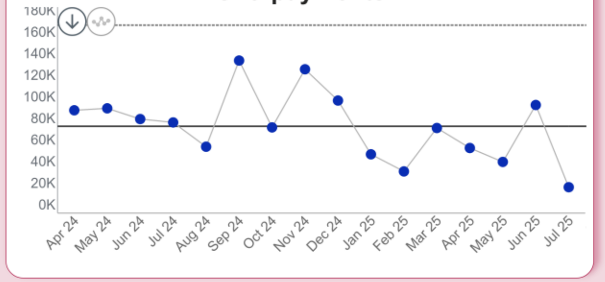
Time to Hire



Staff 12-Monthly Turnover



Overpayments



Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Judith Adams - Chief Delivery Officer: Drive Metrics

Elective Care & Productivity

Highlights

RTT performance has improved across the first quarter of the year and we have been de-escalated by NHS England. Our improvement work within the My Recovery Plan process has been endorsed by the national GIRFT Team.
Outpatient productivity has shown sustained improvement creating capacity to see patients sooner - Our DNA rate has improved by 29% (3.2 percentage points) over the last 3 years.

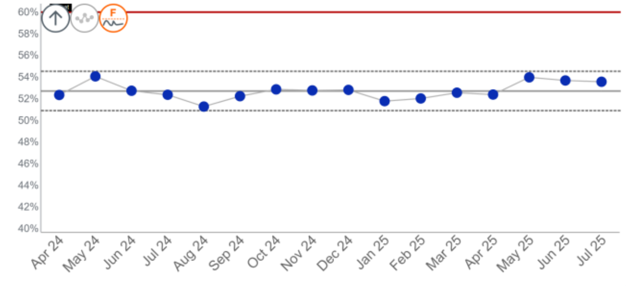
Areas of Concern

Industrial action by resident doctors reduced capacity and adversely affected elective care performance with patient care being unavoidably deferred.
Whilst our overall 6 week diagnostic performance remains better than the national average, vacancies have reduced physiological services capacity leading to a slight dip in performance this month.
Theatre productivity needs to improve at a faster rate.

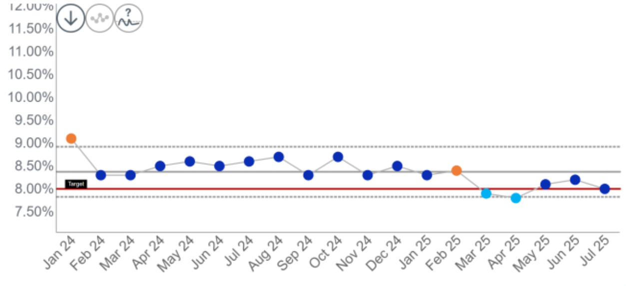
Forward Look (with actions)

We are planning for an Outpatient disruption test of change in September and October. New and innovative ways of working will be evaluated by our clinical teams across selected specialties alongside optimisation of clinic templates.
Work to improve perioperative processes, aligned to the new operating theatres digital system are expected to support better theatre productivity.

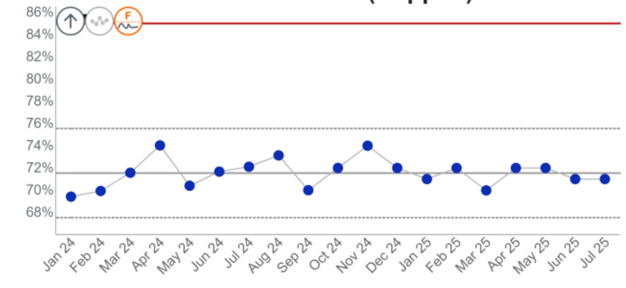
RTT Waits Within 18 Weeks



DNA Rate



Theatre Utilisation (Capped)



Technical Analysis

53.57% of our open pathways were waiting below 18 weeks in July, remaining consistent with previous months but below the 60% target.

The DNA rate decreased in July, falling to the target level of 8.00%. This metric was re-baselined due to consistent improved performance from Feb 2024.

Theatre utilisation continues below the 85% target with 71% reported in July. The process is 'in control' demonstrating natural variation.

Actions

(1) Focus on MyRecovery plan with GIRFT support and template slot increases (2) National validation sprint 2 - Q2; (3) GM Mutual Aid confirmation from ICB- Jun -awaiting GM; (4) Insourcing & Outsourcing 25-26; (5) Outpatients disruption - Sep & Oct

1) Roll out of text reminder to applicable services - complete; (2) Validation of waiting lists national sprint 2 - Q2; (3) Implement invite to book processes across services for News - Mar-26; (4) Implement invite to book processes for Follow Up Appointments - Mar-27

1) Reduce cancellations of surgery by better perioperative processes (pre-op) - Oct; (2) Add new national KPIs on dashboards – Complete; (3) Single Theatres IT system - Nov; (4) 3 Session Days session length optimisation Q4

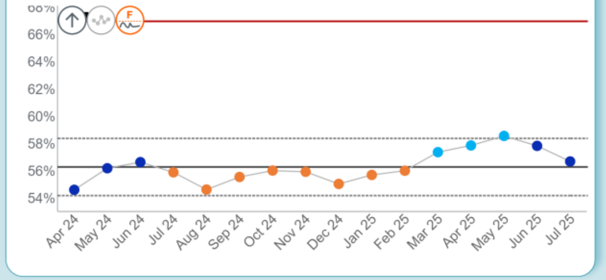
Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

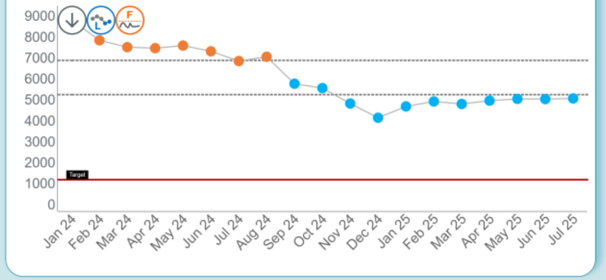
Watch Metrics

Elective Care & Productivity

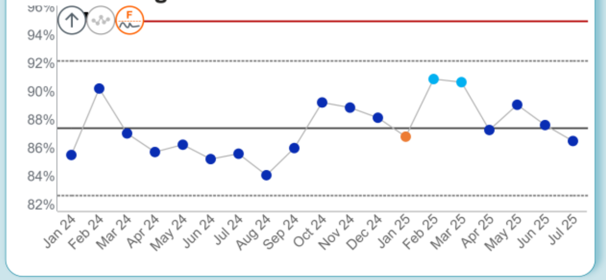
RTT First Attendance Within 18 Weeks



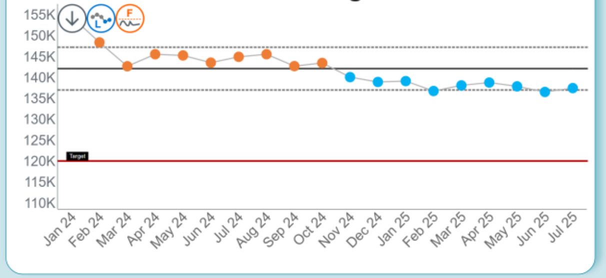
RTT 52+ week waits



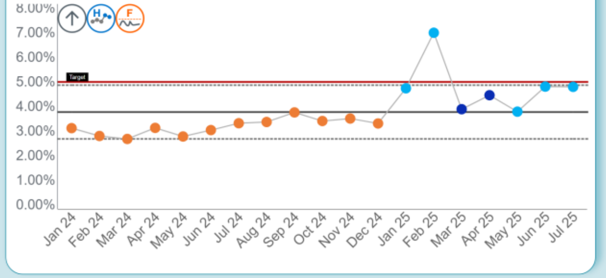
Diagnostic 6 week Performance



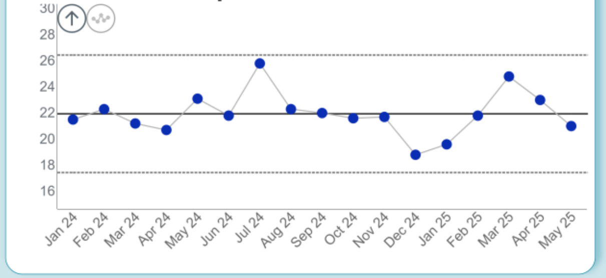
Size of Waiting List



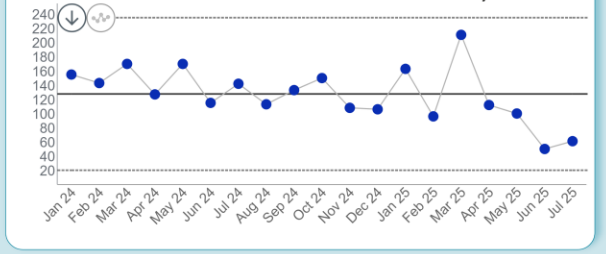
PIFU



Specialist Advice



Number of Cancelled Operations (on day of admission for non-clinical reason)



Northern Care Alliance
NHS Foundation Trust

Judith Adams - Chief Delivery Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

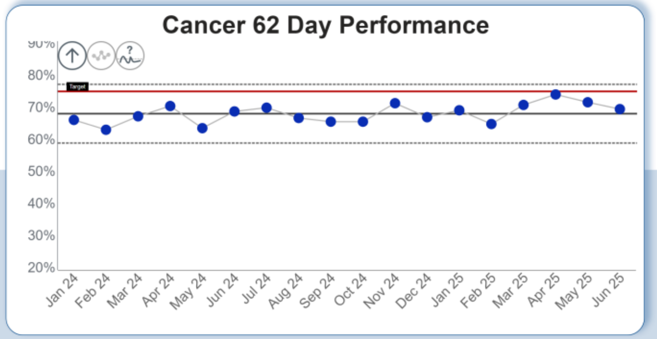
4 Hour Urgent Care performance improved in July and was the best it has been in the last 4 years. The number of 12 hour waits also fell in-month and we met our plan. We also met our trajectory for 62 Day Treatment, 31 Day Treatment, and 28 Day First Definitive Treatment in June.

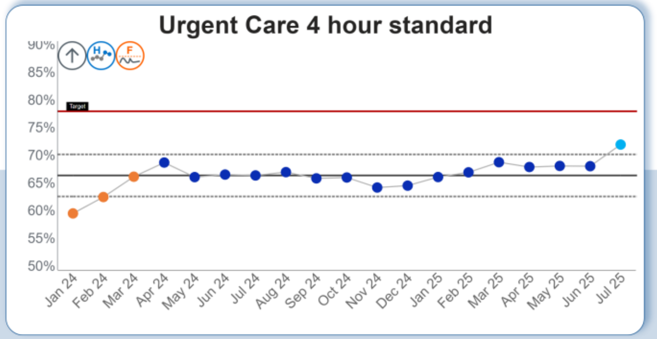
Areas of Concern

System resources available to support urgent care flow have reduced and we need to understand the implications of this recent in-year change to our improvement plans.
Our bed capacity shortfall at ROH remains and we need to work with system partners to deliver capital schemes to support improvement.
GM demand reduction initiatives for Skin pathway have not yielded benefits.

Forward Look (with actions)

Together with system partners we are continuing to learn and refine the Single Point of Access ambulance conveyancing service that was established from mid-June.
We are working with the ICB to improve suspected cancer Skin referral pathways.





Technical Analysis

June's 62 day confirmed position was 69.49%; further improvement is required to achieve the 75% target.

Performance increased in July 71.99%; remaining below the 78% target but a significant improvement in comparison to recent months.

Actions

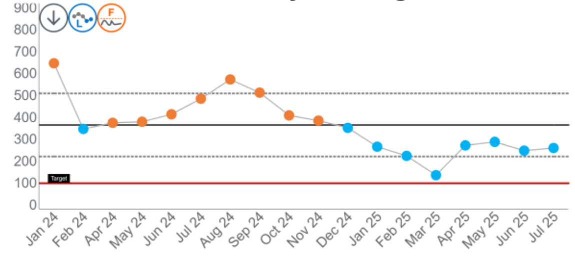
1) Seek Colorectal Mutual Aid from GM – Jun - complete; (2) Prioritise ROH Colorectal treatment capacity – Jun - complete; (3) Best Timed Pathways compliance – Q3 & Q3; (4) Increase Derm-Pathology clinical capacity – Q2; (5) Support GM to implement community model - across 25-26

1) Assess impacts of system funding reduction - Sep; (2) Ambulance conveyance SPoA started Jun-25; (3) Care by appointment live at SRH, roll out to FGH & ROH - Sep-25; (4) My next patient - Q2 ; (4) Forwards Ops model – Q3; (5) ROH UTC development - Q3

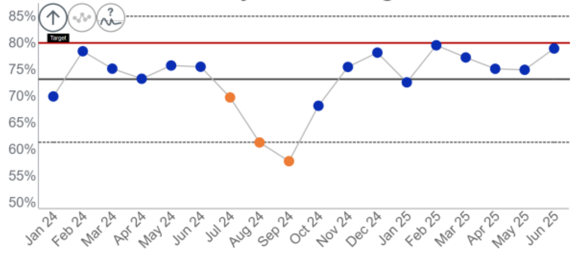
Watch Metrics

Urgent & Emergency Care & Cancer

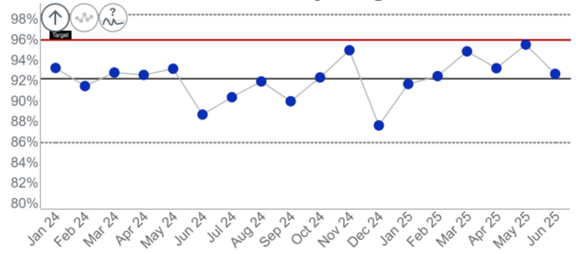
Cancer 63 + days waiting list



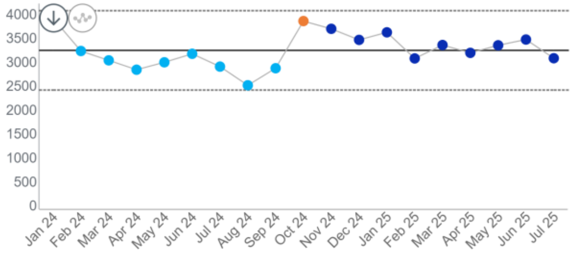
Cancer 28 Day Faster Diagnostics



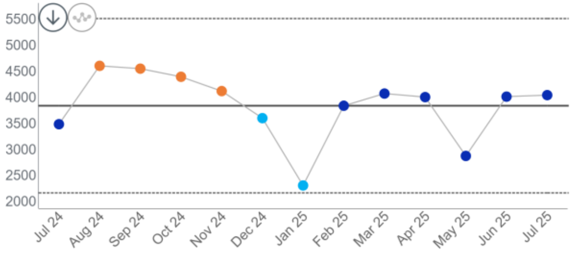
Cancer 31 day Target



Number of 12 hour waits in ED



Ambulance Handover < 30mins



Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

At Month 4 , the year to date position is a £20.45m deficit which is broadly in line with the Trusts planned deficit position.
The position excluding deficit support funding is a deficit of £39.8m YTD.
Within the position CIP delivery has overachieved by £5.0m YTD with £21.2m transacted.

Areas of Concern

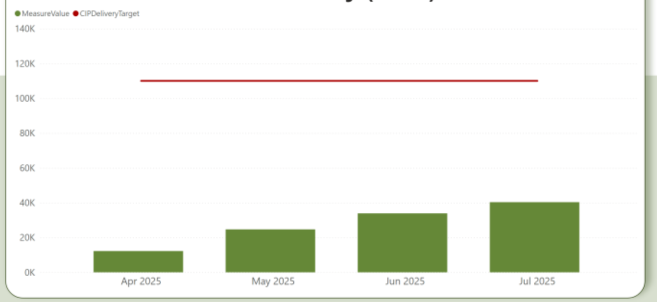
As at Month 4 there are several unplanned and currently unmitigated pressures over and above a challenging CIP + Productivity target assumed in 2025/26 plans.
The trust plan includes £57.8m of DSF funding, £28.9m for Q3 & Q4 yet to be secured. Loss of DSF would result in a cash risk in 25/26.

Forward Look (with actions)

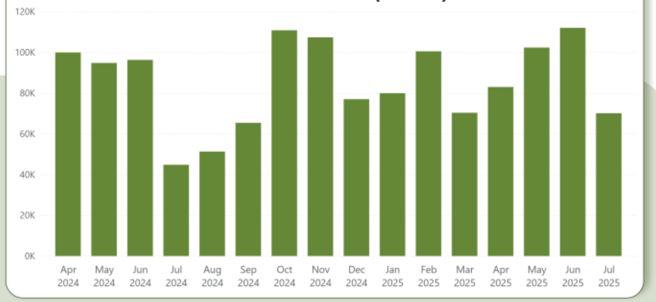
The Trust is currently working through the mitigation plans to support delivery of the plan which includes acceleration of the remaining CIP. This will be discussed for recommendation with the Board at its meeting on 3rd September 2025.

Monthly Revenue position including Outturn

CIP Delivery (000s)



Cash Position (000's)



Technical Analysis

For Month 4, NCA Group is reporting a broadly balanced position against plan, net deficit of £3.21m, £45k better than plan.
Excluding Deficit Support Funding (DSF) = £8m Deficit.
YTD - £20.45m deficit, £53k better than plan. Excl. DSF = £39.8m.

Total identified CIP £83.8m (76.1% of target) , £62.9m recurrent.
Transacted so far £40.7m.

The cash position decreased in July to £70,106.00

Actions

The Trust is currently working through the mitigation plans at Care Organisation and Trust level to support delivery of the plan which includes acceleration of the remaining CIP. Executive led monthly oversight sessions have been set up to review actions/timelines.

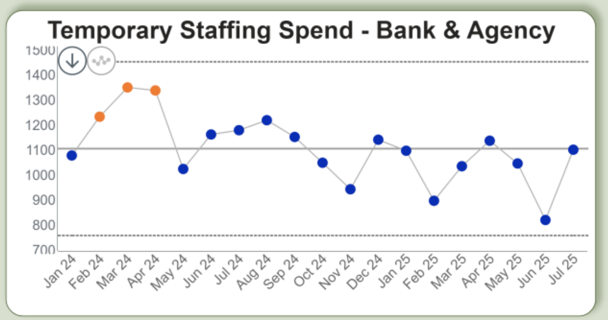
Continue to develop further CIP Ideas and add to eHub
Further development of pipeline ideas and schemes awaiting approval to move onto live and transacted stage.
Closely monitor and transact recurrent proportion of schemes

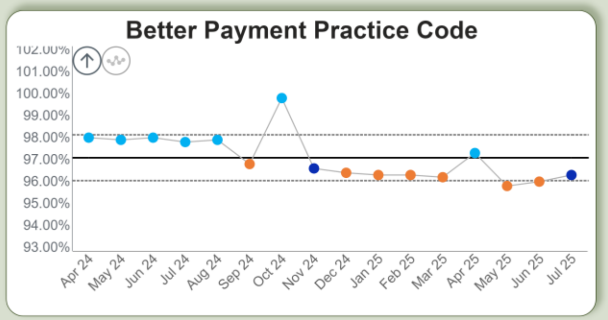
Latest forecast using current exp. run rates, assuming the capital programme is delivered in full is a balance at year end of £30m at year end including DFS funding in full. Without deficit support funding the balance would be c£1m. Cash reduced by £42m in month but remains ahead of plan by £10.8m.

Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Finance





Northern Care Alliance NHS Foundation Trust

Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

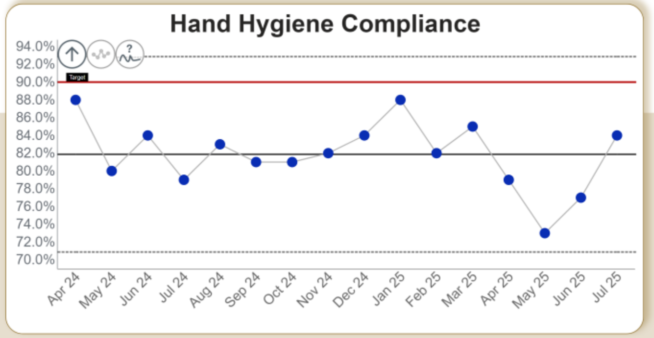
Hand hygiene compliance increased to 84%, showing improvement from previous months. However, it remains below the target of 90%. Antimicrobial stewardhip will be a key focus, as inappropriate antibiotic use is a contributor to CDI. Targeted prescribing, reducing unnecessary antibiotic use, and shortening treatment durations to lower CDI rates. NCA top scoring question 96%, “I felt safe while receiving care”.

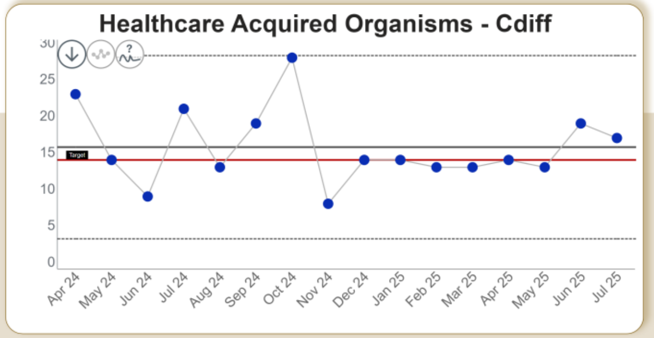
Areas of Concern

Despite the improvement, hand hygiene compliance remains below the expected standard, which is critical for infection prevention. The report also highlights 17 cases of Clostridioides difficile infection (CDI) in July. This reinforces the need for continued focus on compliance and accountability. The gap between current performance and target levels suggests that existing measures need to be strengthened.

Forward Look (with actions)

Hand hygiene collaborative has recruited senior ambassadors to lead a publicity campaign to increase awareness and engagement. Patient-facing posters are scheduled for release in September, which will help reinforce key messages and expectations. Moving forward, targeted audits, peer-led feedback, and visible leadership support will be essential to drive sustained improvement. Monitoring impact via data to ensure compliance.





Technical Analysis

Hand Hygiene compliance increased in month to 84%. It is still demonstrating natural cause variation and remains below the target of 90%.

There were 17 CDI's in July (a decrease from June by 2 cases). We have reported 63 cases against an annual threshold of 171 but are 6 cases over monthly trajectory.

Actions

Hand Hygiene Improvement Collaborative recruited senior hand hygiene ambassadors for publicity campaign, and a community of champions, with defined roles and responsibilities for hand hygiene. Patient hand hygiene poster due for publication Sept 2025

Penicillin allergy is being currently being reviewed as part of August antimicrobial stewardship audits to identify impact on the use of broad spectrum antibiotics.

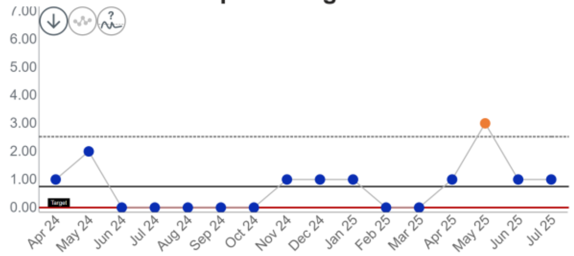
Northern Care Alliance
NHS Foundation Trust

Watch Metrics

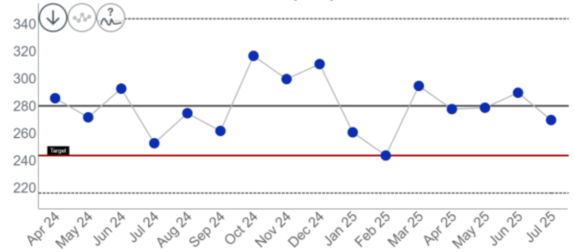
Quality

Page 21

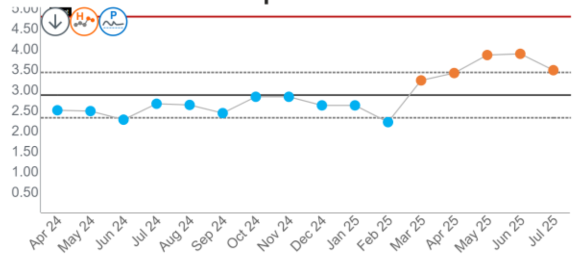
Healthcare Acquired Organisms - MRSA



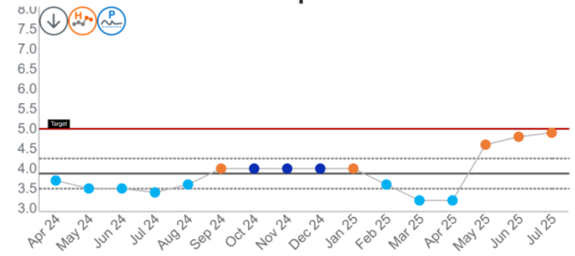
Falls (All)



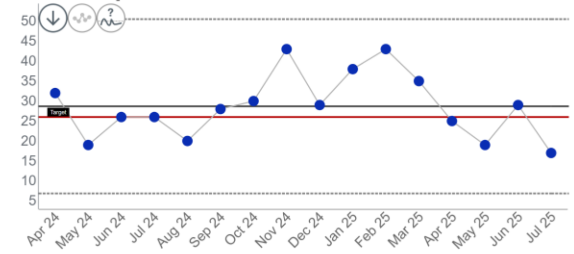
PPH per 1000



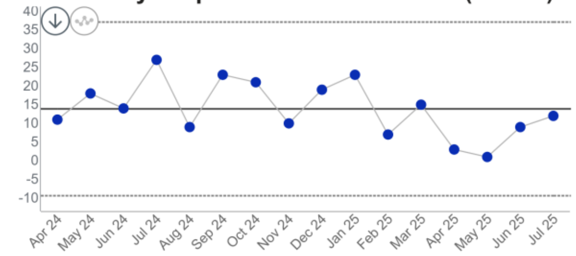
Still Births per 1000



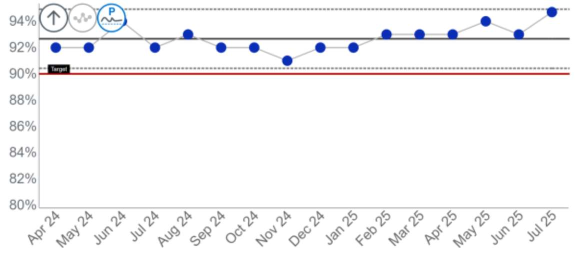
Inpatient Pressure Ulcers G2-G4



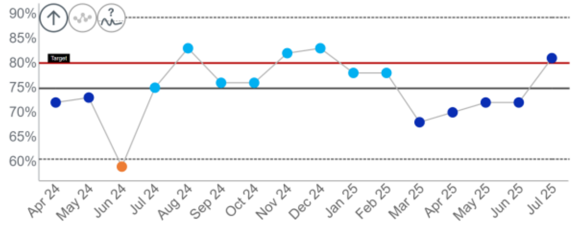
Community Acquired Pressure Ulcers (G3-G4)



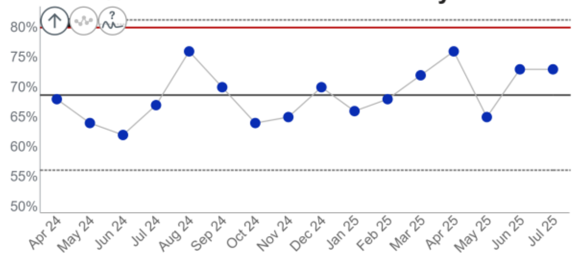
F&F Test - % Recommend the Trust



Complaints responded to within negotiated timescales



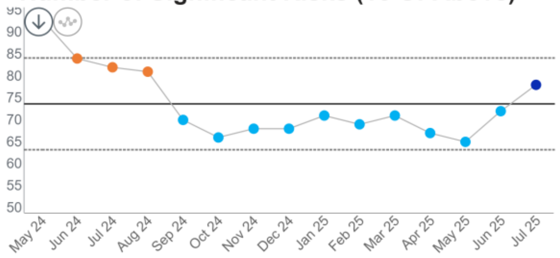
% PALS resolved within 5 days



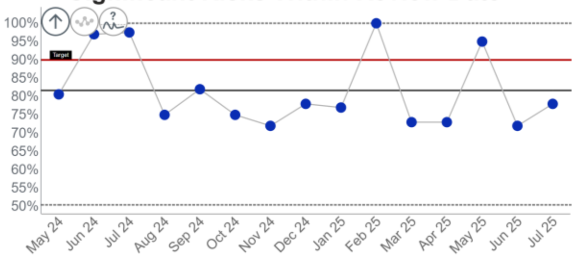
Watch Metrics

Quality

Number of Significant Risks (16 Or Above)



Significant Risks Within Review Date



Northern Care Alliance
NHS Foundation Trust

Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

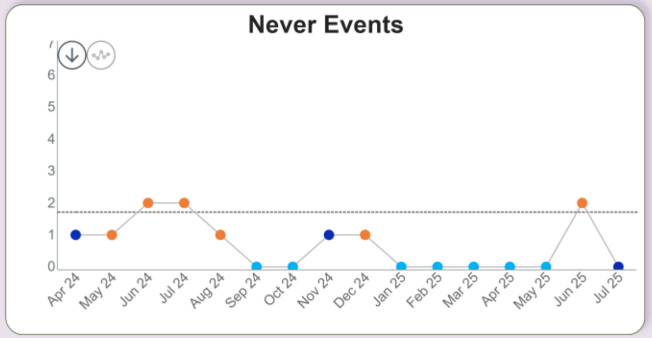
In September 2025 we are launching two campaigns:
* A new hand hygiene campaign following an in-depth human factors review to refocus the programme
* Our NCA annual Covid and Flu campaign

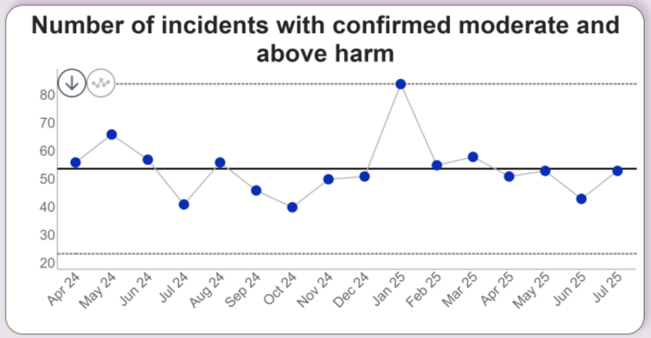
Areas of Concern

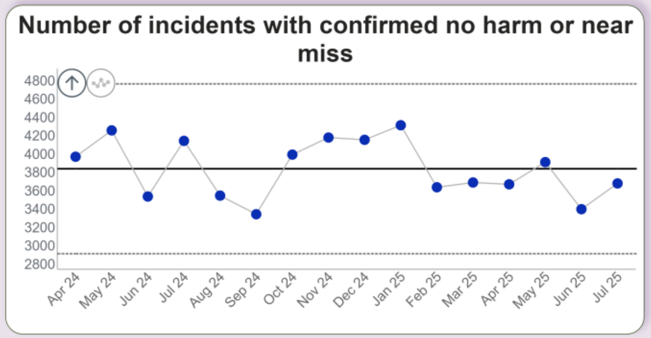
In June we unfortunately experienced two Never Events. One related to NG tubes insertion and one related to blood transfusion. Both are being investigated through the PSII process which will be completed by December 25. Despite some improvement concerns re: overdue PSII reports remain.

Forward Look (with actions)

A work programme is tackling the overdue PSII reports, with a check-and-challenge at the Patient Safety Group in Sept. We are enhancing oversight, assurance, and risk management, and bringing in a national mortality data expert to strengthen analysis and drive improvement.

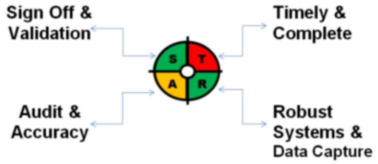






STAR Factors - Part 1

How to read the STAR Factors Icon



Domain	Assurance sought
S - Sign Off & Validation	Is there a named accountable executive, who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency with executive officer oversight?
T - Timely & Complete	Is the data available and up-to-date at the time of submission or publication? Are all the elements of the required information present in the designated data source, where no elements need to be changed later?
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data, and how often do these occur (Annual/One-off)? Are accuracy checks built into the collection and reporting processes?
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture, such that it is at a sufficiently granular level?

People & Learning	STAR Factors
Mandatory Training	
My Time Compliance	
Overpayments	
Sickness Absence (In Month)	
Sickness Absence (Rolling 12 Months)	
Staff 12-Monthly Turnover	
Substantive Staff In Post vs. Plan	
Time to Hire	
Welcome Back Compliance	

Urgent & Emergency Care & Cancer	STAR Factors
Ambulance Handover <30 mins	
Cancer 28 Day Faster Diagnostic	
Cancer 31 Day Target	
Cancer 62 Day Performance	
Cancer 63+ Day Waiting List	
Number of 12 hour waits in ED	
Urgent Care 4 hour standard	

Finance/Cost	STAR Factor
BPPC	
Capital YTD (Including Leases)	
Cash Position	
CIP Delivery	
Monthly Revenue position including Outturn	
Temporary Staffing Spend - Bank & Agency	

STAR Factors - Part 2

Elective Care & Productivity	STAR Factors
Diagnostic 6 week Performance	
DNA Rate	
Number of Cancelled Operations (on day of admission for non-clinical reason)	
PIFU	
RTT 52+ week waits	
RTT First Attendance Within 18 Weeks	
RTT Waits Within 18 Weeks (First attendance)	
Size of Waiting List	
Specialist Advice	
Theatre Utilisation (Capped)	

Quality	STAR Factors
% PALS resolved within 5 days	
Community Acquired Pressure Ulcers G3-G4	
Complaints Responded to within negotiated timescales	
F&F Test - % Recommend the Trust	
Falls (All)	
Hand Hygiene Compliance	
Hospital Acquired Organisms - Cdiff	
Hospital Acquired Organisms - MRSA	
Inpatient Pressure Ulcers G2-G4	
Number of Significant Risks (16 or above)	
PPH per 1000	
Significant Risks Within review date	
Still Births per 1000	

Safety	STAR Factors
Never Events	
Number of incidents confirmed with moderate and above harm	
Number of incidents confirmed with no harm or near miss	

Northern Care Alliance NHS Foundation Trust

Glossary

A&P	Access & Performance
AAA	Alert, Assure and Advise
ADG	Associate Director of Governance
AHP	Allied Health Professional
AMS	Acute Medical Service
BAF	Board Assurance Framework
BCO	Bury Care Organisation
Cdiff	Clostridium Difficile
CDI	Clostridium Difficile Infection
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
CO	Care Organisation
CQC	Care Quality Commission
CRR	Corporate Risk Register
CTG	Cardiotocograph
DKAFH	Days Kept Away From Home
DNA	Did not Attend
ED	Emergency Department
ESR	Electronic Staff Record
F&F	Friends and Family
FFT	Friends and Family Test
FGH	Fairfield General Hospital
GM ICB	Greater Manchester Integrated Care Board
GIRFT	Getting It Right First Time
HCAI	Healthcare-associated infections
IPCC	Infection Prevention and Control Committee
IPR	Integrated Performance Report
KPI	Key Performance Indicator
LocSSIPs	Local Safety Standards for Invasive Procedures
Lower GI	Lower Gastro-Intestinal
MHS	Model Health System
MIP	Maternity Improvement Programme
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCA	Northern Care Alliance
NE	Never Event
NHSE	NHSE England
NG	Nasogastric
OCO	Oldham Care Organisation
PALS	Patient Advice and Liaison Services
PSG	Patient Safety Group
PIFU	Patient Initiated Follow Up
PPH	Postpartum Haemorrhage
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
QMEG	Quality & Management Executive Group
RCO	Rochdale Care Organisation
ROH	Royal Oldham Hospital
RTT	Referral To Treatment
SOP	Standard Operating Procedure
SPC	Statistical Process Control
T&GICFT	Tameside and Glossop Integrated Care NHS Foundation Trust
TVN	Tissue Viability Nurse
UEC	Urgent and Emergency Care
YTD	Year to Date